

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		2				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	9					
TOTAL CLAIMS	11					

*	IND	DEP	*	IND	DEP	*	IND	DEP
51								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS